



ZONING PERMIT APPLICATION

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PROPERTY INFORMATION			
ADDRESS:			TAX MAP #:
CURRENT USE OF PROPERTY:			
PROPOSED USE OF PROPERTY:			
RESIDENTIAL: <input type="checkbox"/>	COMMERCIAL: <input type="checkbox"/>	NEW CONSTRUCTION <input type="checkbox"/>	
DESCRIPTION:			
INTERIOR ALTERATIONS: <input type="checkbox"/>		EXTERIOR ALTERATIONS: <input type="checkbox"/>	
DESCRIPTION:			
DIMENSIONS AND SQ. FT. OF PROPOSED CONSTRUCTION*:			
FRONT SETBACK:		MAX HEIGHT:	
REAR SETBACK:			
SIDE SETBACK (LEFT FROM STREET):			
SIDE SETBACK (RIGHT FROM STREET):			
CORNER LOT: <input type="checkbox"/> YES <input type="checkbox"/> NO		*Any accessory building 1000 sq. ft. or over will require a Special Exception Permit from City Council	
IF YES, SIGHT TRIANGLE MAINTAINED: <input type="checkbox"/>			
APPLICANT INFORMATION			
Name:			
Complete address:			
Home Phone:		Office Phone:	Cell Phone:
Email address:			
Owner, Agent, or Contractor:			
OWNER INFORMATION (IF NOT APPLICANT)			
Name:			
Address:			Phone:
City:	State:	ZIP Code:	
<p>I, AS OWNER OR AUTHORIZED AGENT FOR THE PROPERTY DESCRIBED ABOVE, DO HEREBY CERTIFY THAT I HAVE THE AUTHORITY TO MAKE THIS APPLICATION FOR A ZONING PERMIT FOR THE ACTIVITY DESCRIBED BELOW AND AS SHOWN ON THE ATTACHED CERTIFIED PLAT THAT THE INFORMATION PROVIDED IS CORRECT AND THAT ANY CONSTRUCTION/USE WILL CONFORM TO THE REGULATIONS OF THE ZONING ORDINANCE AND OTHER CODES OF THE CITY OF SALEM AND THE COMMONWEALTH OF VIRGINIA AS APPLICABLE.</p> <p>THIS PERMIT AUTHORIZES THE ZONING ADMINISTRATOR OR DESIGNEE TO PERFORM REASONABLE SITE INSPECTIONS AS REQUIRED TO DETERMINE COMPLIANCE WITH THE CONDITIONS APPLICABLE TO THIS PERMIT.</p> <p>FURTHER, I UNDERSTAND THAT <u>ANY</u> DEVIATION FROM THE APPLICATION AS REQUESTED SHALL REQUIRE THE EXPRESS WRITTEN APPROVAL OF THE ZONING ADMINISTRATOR.</p>			
SIGN:		PRINT:	DATE:

FOR USE BY ZONING ADMINISTRATION ONLY	
CURRENT ZONING	REZONING: <input type="checkbox"/>
SITE PLAN REQUIRED: <input type="checkbox"/>	SPECIAL EXCEPTION PERMIT: <input type="checkbox"/>
CHANGE IN USE: <input type="checkbox"/>	URBAN FOREST OVERLAY: <input type="checkbox"/>
ZONING PERMIT NUMBER:	FLOODPLAIN: <input type="checkbox"/>
SETBACK FOR CERTAIN STREETS: <input type="checkbox"/>	FLOODWAY: <input type="checkbox"/>
INDUSTRIAL PARK OVERLAY: <input type="checkbox"/>	
CONDITIONS: <input type="checkbox"/> DESCRIPTION:	
NOTES:	
APPROVED: <input type="checkbox"/> APPROVED WITH CONDITIONS: <input type="checkbox"/> DENIED: <input type="checkbox"/>	
CONDITIONS OR REASON FOR DENIAL:	
SIGNATURE: _____	
DATE: _____	